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correct

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work at work L , 19 , to ...., 19 , that I last saw the deceased attende the deceased from 22. I hereby M, from the causes and on the date stated above. and that death occurred at SIGNATIO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coun BURIAL FUNERAL DIRECTOR DATE REC'D

Reg. Dist. No. 2

(Day)

Days

AF UNDER ! YEAR

Months

(Year)

IF UNDER 24 HRE

INTERVAL BETWEEN

ONSET AND DEATH

AUTOPSY1

(State)

NO

Hours

12. CITIZEN OF WHAT

COUNTRY?

20.

(County)

1955

And the control of th

2861 7S YAM

BECEINED

The

Supply every item of information carefully.

please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04976 4974

CERTIFICATE OF DEATH

			90_
Reg.	Dist	No.	290

		2.00
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Jak b. 1, MARYLAND	STATE Will COUNTY COUNTY	0 . 0.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town)  (in this place)	OR TOWN h	A 400 10 10
HOSPITAL OR	- mister mer	05 K-d-
A INSTITUTION OR	STREET (If rural give location) ADDRESS	
STREET ADDRESS Memories News 17cc/		land.
		Day) (Year)
DECEASED: (Type or Print)	OF DEATH: 5	26 1937-
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
RACE: + WIDOWED, DIVORCED, (Specify):	Months D	ays Hours Min.
102. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY!		COUNTRY?
M. L.	USa.	Usa.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
July Tedle	Claratela authors.	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yee, no, or unk.) (1f Yes, vive war or dates of service)	mary to Want - Ida	with 1
18. MEDICAL CERTIFICATI	ION 1 + Will	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 Tissey M.	ONSET AND DEATH
4201 (201	as Karleen	
IMMEDIATE CAUSE (A)	oc forms	
ANTECEDENT CAUSE (5)	2. //	
DISEASES OR CONDITIONS, IF ANY, (B)	occureor	
STATING UNDERLYING CAUSE LAST. DUE TO	111 4:0	
(C) Clebrane	a averagelooper	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor	ory. 21c. WHERE DID (City or town) (Count	y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		y) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while	The How Bib Hisghi Goodki	
M.   at work   at work		
22. I hereby cortifie that attended the deceased from	, 19 S, to S/26, 19 S, that I last	saw the deceased
alive on 1955, and that death occurred at	M, from the causes and on the date s	stated above.
SIGNATURE		E SIGNED,
Clyemies OM.	D. Capton 2711.	102/455
23. BURIAL, CREMATION, DATE THEREOF NAME OF CERTIFICATION	BY OR CREMATORY   LOCATION (City, town, or	equinty) (State)
13/1/55 NOON 11	edlan Treslan	ned
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 1 MAL MOLDINA	Van. 18/2 11:00 8.	+ had

DECENTED STORED

BUREAU V. S.

OR

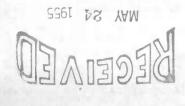
PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04977

# CERTIFICATE OF DEATH

Reg. Dist. No. 290.

1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY Talbot MARYLAND	STATE	COUNTY	albot
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		corporate limits, write RURAL	and give nearest town)
YOR and give nearest town)  Faston - rural  In this place)		Easton (rural	V
HOSPITAL OR	STREET	(If rural give location	a)
STREET ADDRESS			- 1
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Clara Ella	Carmine	OF MOST	17 19 55
	The state of the s	DEATH: May	
RACE: WIDOWED, DIVORCED,		Months	Days Hours   Min.
	14, 1870	84 yrs.	
OA. USUAL OCCUPATION (Give kind of or No. KIND OF BUSINESS work done during most of working life, or INDUSTRY:	11. BIRTHPLACE (	State or foreign country):  12	2. CITIZEN OF WHAT COUNTRY?
even if retindusekeeper	Md.		U. S.
13. FATHER'S NAME:	14. MOTHER'S MA	AIDEN NAME: /	
Andrew Collison		unknown Wi	Cloubly.
	17. INFORMANT 8		more guly
15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 15. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT 6	ADDRESS:	. /
of service) none	Malcolm (	Carmine	/
18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
28/4	1		
IMMEDIATE CAUSE (A)	apa		yes
ANTECEDENT CAUSE (8)	0.0		
DISEASES OR CONDITIONS, IF ANY, (B)	aum ory		ma
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
(c) ku an	The state of the s		444-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
			YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	tory. 21c. WHERE D	OID (City or town) (Cou	inty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUI	R7	
210 TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F. HOW DID I	NJURY OCCUR?	
OF INJURY While While at work			
iii.	1 40		
22. I hereby certify that I attended the deceased from			
alive on 5-16, 1955, and that death occurred at	8 M. from th	e causes and on the date	e stated above.
SIGNATURE	ADDRESS		ATE SIGNED
Ill. 7. Augel	D. Costa	led 3	5-18.55
23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY		
REMOVAL (GPECIFY) May 20, 1955 Spring Hil		Easton, Talbot,	Md
The state of the s	24. FUNERAL D		ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		Newnam & Son Eas	
	a many was always to and a	at with the world will be a second	TUNITA BALLA



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

MARGIN RESERVED FOR BINDING

# 4975 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Island MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (In this place)	TOWN Deuten 05x-2
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
castesso ristratase ora-4.	Į V
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Leon ard	rew DEATH: 5 31 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED DIVORDED,	OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours   Min.
male w (Specify): married 7 Eb 11.	1887 69 yrs.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHA
even if retired;	at maruland 4.3A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
& looped of week	mary Cannon
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	m B. P Dans
of service)	They served & Our
18. MEDICAL CERTIFICATI	
T DISEASES OR CONDITIONS DIRECTLY BEADING TO DEATH	ONSET AND DEAT
IMMEDIATE CAUSE (A) _ Vells	month
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	id and a second
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	six tell undeterment
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1111
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	V
	20. AUTOPSY? YES NO
	, JG LJ
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	etc. INJURY OCCUR? (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F, HOW DID INJURY OCCUR?
OF INJURY While Not while	21F. HOW DID INJURY OCCURY
22. I kereby certify that I attended the deceased from	1 , 19 p, to 1/3 , 19 N, that I last saw the decease
alive on A 3 195 and that death occurred at/	1:18 A.M. from the causes and on the date stated above.
alive on 3 , 19 , and that death occurred at	ADDRESS DATE SIGNED
	.D. Gran 3/1/30
manifestation of the state of t	ERY OR CREMATORY   LOCATION (City, town, or county) (State
Buriel June 3, 19551 Dente	Jenton hid.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR APPRESS
DEGISIONE VI VI VI	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 97

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(Day)

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carefully legibly. 1. PLACE OF DEATH:

OR

TOWN

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

Talbot COUNTY CITY (If outside corporate limits, write RURAL)

and give nearest town) xford

2. USUAL RESIDENCE (HOME) OF DECEASED STATE

COUNTY CITY(If outside corporate limits, write RURAL and give nearest town)

OR TOWN Oxford

STREET (If rural give location)

OF

DATE

ADDRESS

(First) 3. NAME OF DECEASED Frank (Type or Print) 5. SEX:

SINGLE. MARRIED COLOR OR 17. WIDOWED, DIVORCED. RACE: (Specify): Married

8. DATE OF BIRTH: Jan. 12. 1901

(Last)

Dobson

DEATH 9. AGE last birthday IF UNDER I YEAR Months Days

(Month)

19 IF UNDER 24 HRS. Hours

(Year)

55

work done during most of working life,

Male

IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR INDUSTRY: even if retired): ship carpenter at Wiley's Shipyard

Oxford. Md.

11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? S.

13. FATHER'S NAME:

Wm. Dobson

15, WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates

of service)

16. SOCIAL SECURITY NO. 216-07-7026

MARYLAND

(Middle)

Gilbert.

LENGTH OF STAY

(in this place)

14. MOTHER'S MAIDEN NAME Cordelia Dobbs 17. INFORMANT & ADDRESS:

Mrs. Ione Dobson - Oxford, Md.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ NO D

21A. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) INJURY OCCUR?

(State)

(State)

especially OF "INJURY

21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

alive on .....5.

22. I hereby certify that I attended the deceased from \_\_\_\_\_\_, 1927, to \_5-/1.2/, 1957, that I last saw the deceased

/. 19 5.3 and that death occurred at 5 M, from the causes and on the date stated above. DATE SIGNED

(County)

LOCATION (City, town, or county)

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

SIGNATURE

DATE THEREOF 5-16-55

Oxford Cemetery

M. D.

NAME OF CEMETERY OR CREMATORY

Osford, Talbot. Md. 24. FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY LOCAL REGISTRAR

Maurice E. Newmam & Son

Easton, Md.

BINDING FOR RESERVED MARGIN

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SZGI 73 YAM BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4978

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290

CERTIFICATE	OF DEATH Reg. Dist. No. 27.0
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Talbet MARYLAND	STATE Md. COUNTY Queen Anne.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN Controuille 17x.2
HOSPITAL OR	STREET (If rural give location)
80 STREET ADDRESS Mcmorial Hospital	ADDRESS
3. NAME OF (First) (Middle) (I	Last) DOY'E XX 4. DATE (Month) (Day) (Year)
(Type or Print) William James	DEATH: May 24 1956
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER ! YEAR IF UNDER 24 HRS.  Months   Days   Hours   Min.
Male White (Specify): Munual Jest 19	7. 1872 8 Lypo yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): OR INDUSTRY:	1. BIRTHPLACE (State or threign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
MR. William Donnell	Elesabell Parrell -
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give war or dates 2,6-07-7038	mis arlesetta dy mell- City
18. MEDICAL CERTIFICATION	ON CLITERVILLE MY INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Pronchs	opneumonia, y/.
DUE TO	1.1
DISEASES OR CONDITIONS, IF ANY, (B)	is the undetermined
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUE TO	The state of the s
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
2	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., a (IF EITHER, NOTIFY MEDICAL EXAMINER)	
210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work	
22. I hereby certify that I attended the deceased from S/LO	190, to 3/24 , 190, that I last saw the deceased
alive in sign crupe at	M, from the causes and on the date stated above.
Ill tenmet	D. (galan 774/10455
	RY OR CREMATORY   LOCATION (City, town, or country) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. HUNERAL DIRECTOR

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

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BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH

4978

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

I. PLACE OF DEATH:	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.  COUNTY
ALBOT MARYLAND	MARYLAND ALBOT
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN EASTON LIFE	TOWN EASTON TO
HOSPITAL OR NISTITUTION OR STREET ADDRESS NEEDWOOD AVE.	STREET (If rural, give location) ADDRESS NEEDWOOD AVE
3. NAME OF (First) (Middle)	(Last) [4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) WILLIAM LUTHER.	1/ OF M
(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If under 24 hrs
MALE WHITE WIDOWED, DIVORCED, (Specify) MARKIED	SEPT. 21/871 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
DCHOOL TEACHED-RET EDUCATION	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAMVEL HULL	SARA DUNNING
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS WINTON AUE.
(Yes, no, or unknown) (If yes, give war or dates of	no 11. The T
18. MEDICAL CER	The state of the s
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
420,0 astu	ioselerotie Heart Disian 17:410
Immediate cause (a)	weerous rant weren () gra
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	isaleroni Genragio -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
THE DRIE OF OLDERSTON	20. AUTOPSIT
The state of the s	Yes No 🔀
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from	, 19 40 to 5-11-, 1955, that I last saw the deceased
alive on 5- 9-19.51, and that death occurred	7.5. A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
of Cox min.	Santa 2nd 5-/12/5-5-
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER REMOVAL (Specify)	
BURING 1784 14/135 PRINGHILL	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- 3/1 of 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Marie Marie San July 1911

The correct age

UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH U is especially important.

DECEDVED MAY 24 1955

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23. BURLAL

REC'D

(SPECIFY)

BY LOCAL

MARYLAND STA	ATE DEPARTMENT	T OF HEALTH	-BALTIMORE, 18	04084
	CERTIFICATE			t. No.
1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEASE	D:
COUNTY TALBOT	MARYLAND	STATE MD.	COUNTY TAL	bot
CITY (If outside corporate limits, write RI	URAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL	and give nearest town)
Y TOWN BOZMAN	(in this place)	TOWN BOZ	MAN	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location	)
3. NAME OF (First) DECEASED: (Type or Print) AdAM	13	(Last) ONES	4. DATE (Month) OF DEATH: MAY	(Day) (Year) 28 1955
5. SEX: 6. COLOR OR 7. SINGLE. WIDOWEL (Specify)	WICLOWER MAY	124,1880	/3 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10B.	KIND OF BUSINESS OR INDUSTRY:	BOZMAN	F	CITIZEN OF WHAT
13. FATHER'S NAME:	nonline arkey have a	14. MOTHER'S MAI	1	
JAMES JONES		FLIZABEI	7110	
(Yes, no, or unk.) (If Yes, give war or dates of service) NONE	18. SOCIAL SECURITY NO.	17. INFORMANT & Samuel w	ADDRESS: Bridge helps fanl	Balto-Ind
	8. MEDICAL CERTIFICATI	ION	-/	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH	1 01	1	ONSET AND DEATH
IMMEDIATE CAUSE	(A) Mysear	dial hope	arction	4 his
	UE TO	1 1	4	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) arlerion	chralie	C.V.D.	_
II OTHER SIGNIFICANT CONDITIONS CON	(C) NTRIBUTING	1 1		
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	THE Carelia	e faile	re-chronic	
19a. DATE OF OPERATION: 19B. MAJOR F	FINDINGS OF OPERATION	1		20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR?	7	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work			
22. I hereby certify that I attended the alive on 195, and signature	that death occurred at		e causes and on the date	
22 PURIS CREMATION   DATE THEREO			LOCATION City town	or county) (State)

ADDRESS

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WARYLAND	STATE Mary and COUNTY Caroline
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	TOWN Proston
HOSPITAL OR AINES. 10WI	STREET (If rural give location)
STREET ADDRESS Easton Neworid Hog	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Time)	ezick DEATH: May 27 1950
F.   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED.   8. DATE   7. SINGLE, MARRIED, WIDOWED, DIVORCED.   8. DATE	7-1896 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  7-1896 9 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Elliott	Jennie Stanford
(Yes, no, or unk.) (If Yes, give war or dates of service)	Read Mezick. Preston. Md
18. MEDICAL CERTIFICA	TION INTERVAL BETWEET
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Sub	aracharit here on hage 2 thes.
ANTECEDENT CAUSE (5)	
DISEASES OR CONDITIONS, IF ANY, (B)	us un determined
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution of the	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work Lat work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from \$ /26	, 1955, to 1/27, 1965, that I last saw the decease
alive on 5/27, 195, and that death occurred at	t 5 PM M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
1 than to Since and	M.D. Crefor heavy land 1 puns 55
	TERY OR CREMATORY LOCATION (City, town, or county) State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. MUPRAL CURRETOR ANDRESS

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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?		
2. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY TO JOB A COUNTY	. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	8 04987
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CITY If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearth town) OR Mad give nearth give neart	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEA	SED;
OR and give nearest town)  FOR and give nearest town)  Hospital or institution or		31bot
HOSPITAL OR INSTITUTION OR INSTITUTION OR STREET ADDRESS 3/9 SOUTH ST.  3. NAME OF STREET ADDRESS 3/9 SOUTH ST.  3. NAME OF STREET ADDRESS 3/9 SOUTH ST.  3. NAME OF STREET ADDRESS 3/9 SOUTH ST.  4. DATE (Month) (Day) (Year) DECKASED:  DECKASED:  OF STREET ADDRESS 3/9 SOUTH ST.  3. NAME OF STREET ADDRESS 3/9 SOUTH ST.  OPERATOR ST	OR and give nearest town) (in this place) OR	L and give nearest town)
DECEASED:  (Type or Print)  (Type or Print)  (ACE:  (Specify):  (Or Specify):  (Or Specify):  (Specify):  (Specify):  (Or Specify):  (O	HOSPITAL OR INSTITUTION OR 319 South St. STREET ADDRESS 319 South	
Co.   (Specify):   Mayy   Ed	DECEASED: (Type or Print) Netice May Mills DEATH: 5	24
work done during most of working life. even if retired: 10 b control by the control of retired: 10 b control by the control of service: 10 b control of service: 10 b control of service: 14. Mother's Maiden Name: 14. Mother's Maiden Name: 15. Mayy Gibson 15. Was deceased ever in U.S. Armeo Forces: 18. Social Security No. 17. Informant & Address: 18. Mother's Maiden Name: 18. Medical Security No. 17. Informant & Address: 18. Mother's Maiden Name: 18. Medical Security No. 18. Medical Security No. 19. Informant & Address: 18. Medical Security N	Remale. Col. (Specify): Maryled 11-27-1901 53 yrs. Months	Days Hours Min.
IS. WAS DECEASED EVER IN U.S. ARMED FORCES)  IS. WAS DECEASED EVER IN U.S. ARMED FORCES)  IS. WAS DECEASED EVER IN U.S. ARMED FORCES)  IS. SOCIAL SECURITY NO.  IS. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IO THE DISEASE OR CONDITION CAUSING DEATH.  IS. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  ONS	work done during most of working life. even if retired): House wife Domestic Mary land	
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (A) CONTRIBUTING  DUE TO WAS UNDERLYING OF OPERATION  (B) DUE TO CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (C)  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21B. PLACE (Home, farm, factory, or injury occurr?)  21C. WHERE DID (City or town) (County) (State)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	(Yes, no, or unk.) (If Yes, give-war or dates	to md.
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING 31B. PLACE (Home, farm, factory, injury occur?)  21B. PLACE (Home, farm, factory, injury occur?)  (County) (State)	GIVING RISE TO THE ABOVE CAUSE DUE TO	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.  21C. WHERE DID (City or town)  (County) (State)  (State)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?		
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ounty) (State)
M. at work at work	OF "INJURY While Not while	
22. I hereby certify that I attended the deceased from	alive on	te stated above.

age 22. I herek alive or correct

SIGNAT M. D. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY EDSTON (City, town, or county) DATE THEREOF (State)

DATE REC'D DIRECTOR BY LOCAL ADDRESS 5

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()498

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### CERTIFICATE OF DEATH

Reg. Dist. No. 290

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY to 160+ MARYLAND	STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest t
OR and give nearest town) (in this place)	TOWN trappe
HOSPITAL OR INSTITUTION OR STREET ADDRESS POUte 2	STREET (If rural give location) ADDRESS Route 2
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Mary Robe	V+3 DEATH: 5 5 195
5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24
OA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE, (State or foreign country):   12. CITIZEN OF W
work done during most of working life, oR INDUSTRY:	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
The Bouley	Marguet Bentler
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no or unk.) (If Yes, give war or dates of service)	Mrs. Oddie Mc Doniel
18. MEDICAL CERTIFICAT	TION INTERVAL BETY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
IMMEDIATE CALISE (A)	rio de compensation 14 cm
IMMEDIATE CAUSE (A)  DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	es or leastic condic VAcoula
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	Lipere
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPS
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (1) FEITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May	. 1954 to May 5, 19 57 that I last saw the dece
	9 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED
Fru Jung. EDWIN FAS	SETT, M.D227 Pine St-Camb., Md-9Ma
	Cen Troppes Manyle
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	James Blashill, Easton, mol

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## CERTIFICATE OF DEATH

Reg Dist No 9 9-

		ites. Dist.	10.
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
and legibly	COUNTY TO 1601 MARYLAND	STATE ME COUNTY TOU	701
le	CITY Ilf outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
nu	OR and give nearest town)  (in this place)	TOWN THOOPE	× .
	HOSPITAL OR	STREET (If rural give location)	
clearly	80 STREET ADDRESS Memorial Hosp.	ADDRESS	
	3. NAME OF (First) (Middle)		(Year)
death	(Type or Print) John	MON DEATH: May 2	1955
	5. SEX:   6. COLOW OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER I Y	
of		40146,1898 57 yrs. Months Di	Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
can	even if retired): Quid ner		IS A
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1217
4	Pat Salman	Mary Joyce	
write	15. WAR DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS;	
W	(Yes, no, or unk.) (If Yes, give war or dates	1 1 1/11	Trappe
se	of service)	Mrs mary Dalmon (wife):	marifland
please	18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN ONSET AND DEATH
Pred.	42.0.1 Melian da	11 1 1 1 1 1	ONSET AND DEATH .
SU	IMMEDIATE CAUSE (A)	were alle to	Salaya
iai	ANTECEDENT CAUSE (S)	oxery Verticin	
ysic	DISEASES OR CONDITIONS, IF ANY. (B)	7-7	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  DUE TO			
	(C)		D. VICE SHIPM
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
	2		YES NO
ılly	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact.	ory. 21c. WHERE DID (City or town) (County	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21b. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURED 21c. HOW DID INJURY OCCUR?  While Not while 12c. 13c. HOW DID INJURY OCCUR?			(21111)
sbe	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?		
	OF INJURY While Not while at work		
.50	22. I hereby certify that I attended the deceased from 5.7., 1955, to 5.2., 1955, that I last saw the decease alive on 5.2. and that death occurred at 7.5. M, from the causes and on the date stated above.		
ge			
cec			
M. D. COUTING			
0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY (City, town, or county)		
	Duna 5/5/55 Sphul	still caslow	Ma.
119	DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	Maurie, E Rivially Van	ADDRESS
	5-3.55 / N. / lurier	to the same of the same of the	

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	y. The	4984 CERTIFICATE OF DEATH Reg. Dist	tr No. 290
	carefully.	1. PLACE OF OEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	0;
	carefull legibly.	COUNTY Dalbat MARYLANO STATE Maryland COUNTY Car	Mine
		CITY (If outside corporate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (im this place)  OR TOWN  CITY(If outside or porate limits, write RURAL OR TOWN)	and give nearest town
	nati ly a	HOSPITAL OR STREET (If rura) give location	) V X - 0C
(	information clearly and	STREET ADDRESS Memorial Hospital	1
. (	of iii		Day) (Year)
		(Type or Print) LIZADOM H. STONE DEATH: 2	7 1955
	ite	RACE: WICOWED DIVORCED	Days Hours   Min.
7.5	causes	work done during most of working life. OR INDUSTRY:	CITIZEN OF WHAT
Ž	ly e	even if retired): HW.  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:	U.D. A.
S	Supply te the c	7. / 27 :	
BI	. E	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS: A	
MARGIN RESERVED FOR BINDING		(Yes, no, or unk.) (If Yes, give war or dates of aervice) mr. Parker M. Itane	san)
9	D g	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
KV.	DIN .	1120.1	ONSET AND DEATH
SEF		IMMEDIATE CAUSE (A)	
E	UNI	ANTECEDENT CAUSE (S) OUE TO	
Z	. 01	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	
152	<b>P</b>	STATING UNDERLYING CAUSE LAST.	
AF	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Σ	LY	TO THE OEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH,	
	NI du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	3		YES NO
	VRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR? (Countries in the control of the countries of the	ty) (State)
	> 0	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White at work at work	
	part .	22. I hereby coding that I attended the deceased from 5/1, 1955, to 4/27, 1955, that I last	sew the deceased
53	PE 0	alige on 5 2 5. 19, and that death occurred at 3:05 AM, from the causes and on the date	
- 0	SE TYR		TE SIGNED
ī	SE	23. BURJAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	1/1/03/133
A15.	LEAS	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Perform)	(State)
VS.	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 ()4992
4985 CERTIFICATI	E OF DEATH Reg. Dist. No.: 290
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Jallist MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL COR and give nearest tuwn) TOWN (in this place)	CITY(If outside forporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05 X - 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Transial Hospital	STREET (If rural give location) ADDRESS
DECEASED: (Type or Print) Exic UiRainia	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 5 26 1955
SEX: 6. COLOR OR 7. SINGLE, MARRIED! 8. DATE WIDOWED, DIVORCED, (Specify): Married Sept	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  2 2 - 1877 77 yrs. Months Days Hours Min.
work dune during most of working life.  even if retired):  USUAL OCCUPATION (Give kind of working life.  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  45.A.
Henry Davis	14. MOTHER'S MAIDEN NAME:
WAS DECEASED EVER IN U.S. ARMED FORCES 18. SOCIAL SECURITY NO. 18. No. or unk. (If Yes, give war or dates of service)	The Charle Les Floras (Say)
18. MEDICAL CERTIFICAT	ION TO TO THE INTERVAL BETWEEN

(A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INJURY OCCUR?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

DISEASES OR CONDITIONS DIRECTLY LEADING TO

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES 7 NO [

(State)

(State)

(County)

ONSET AND DEATH

21A. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour)

OF INJURY street, office bldg., etc. While Not while

218. PLACE (Home, farm, factory,

21F. HOW DID INJURY OCCUR?

21c. WHERE DID (City or town)

at work at work 22. I hereb the deceased from

, 1941, that I last saw the deceased 1955, to o, M, from the causes and on the date stated above.

allwe or , and that death occurred at SIGNATUR DATE SIGNED M. D.

23. BURIAL. CREMATION THEREOF NAME OF CEMETERY OR CREMATORY REMOVA (SPECIFY)

LOCATION town, or

DATE REC'D LOCAL REGISTRAR

RECTOR



The 4998 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: careful legibly COUNTY Jalbat STATE MD MARYLAND COUNTY /A /bot CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and OR and give nearest town) this place) information EASTON NWOTO TOWN Easton HOSPITAL OR STREET clearly (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS luwood First) (Middle) (Last) NAME OF 4. DATE (Month) death DECEASED Thom AS (Type or Print) NUCCCTIA DEATH: item 6. COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. RACE: of (Specify): Married every causes 108 KIND OF BUSINESS IOA. USUAL OCCUPATION (Give kind of (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired): HW maruland Supply 14. MOTHER MAIDEN NAME the 13. FATHER'S NAME: Writ INFORMACUT A ADDRESS: IS. WAR DECEASED EVER IN U.S. ARMED FORCEST K. ARGIN RESERVED FOR (Yes, no, or unk.) (If Yes, give war or dates of service) ease 18. MEDICAL CERTIFICATION ADIN( d I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Physicians (A) IMMEDIATE CAUSE UNF DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) TH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 3 important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINL DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: PL especially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) 回 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 3 OF INJURY at work at work S OR attended the deceased from man !! , 1955, to 5/19 age JJ, 19 ...., that I last saw the deceased TYPE , and that death occurred at 4 . Hoam, from the causes and on the date stated above. orrect 9

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23. BURIAL.

DATE REC'D

REGISTRAR

CREMATION,

LOCAL

DATE

THEREOF

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coupty (State) FUNERAL ADDRESS DIRECTOR

(Day)

Davs

COUNTRY?

INTERVAL

Months

(Year)

19 55

BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO [

(State)

(County)

DATE SIGNED



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D FOR	G INK.	lesse wr
RESERVE	UNFADIA	girians.
MARGIN	OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of informati	o is concorally important Physicians. Inlease write the causes of death clearly s
1	WRITE	penorial
	OR	0

VS. A15 - 10 - 53

d)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	DAGGA	
y. The	4987 CERTIFICATE OF DEATH Reg. Dist.	No. 290	
tion carefully and legibly.	1. PLACE OF DEATH:  COUNTY Talkot  CITY (If outside corporate limits, write RURAL or and give nearest town)  April 1. PLACE OF DEATH:  MARYLAND  STATE TALKS COUNTY OF DECEASED  STATE TALKS COUNTY OF DECEASED  CITY (If outside corporate limits, write RURAL in this place)  OR TOWN Talks The County Or DeceaseD	line	
information clearly and	HOSPITAL OR INSTITUTION OR Manerial Hospital ADDRESS (If rury give location)		
of	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) (DEATH: DEATH: VIII) 5. SEX: [6. COLOR OR 7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday   17 UNITARIES	(Yesr) 14 19 55 EAR IF UNDER 24 HRS.	
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pply the c	even if retired):  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  Mary Hastines	2.A.	
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS:  MEDICAL CERTIFICATION	Tederolebrug maryland !	
TH UNFADING Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HADO!  IMMEDIATE CAUSE  (A)  DUE TO  M. M	Sus.	
H	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)		
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1	
WRITE PI	21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21b. Time (Month) (Day) (Year) (Hour) OCCURRED While Not while at work at work at work at work	(State)	
TYPE OR rect age is	22. I hereby certify that I attended the deceased from 5.74-, 1953, to 5.74-, 1953, that I last saw the deceased alive on 5.74-, 1955, and that death occurred at 12:50 PM, from the causes and on the date stated above.  SIGNATURE  DATE SIGNED		
PLEASE TYI	23. BUMAL CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY TOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)	
<u>A</u>	DATÉ REC'D BY LOCAL REGISTRARIC SIGNATURE  24. FUNERAL DIRECTOR  FILLER  LELLER  LELLER	aldbry	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4988

### CERTIFICATE OF DEATH

cg. Dist. No. 290

	CENTIFICATE OF BEATT		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	);
and legibly	COUNTY Talkot MARYLAND	STATE Mary and COUNTY CA	irline
d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	OR and give nearest town)  TOWN Easton  8 caup.	TOWN tederals burg	INA
rly	HOSPITAL OR INSTITUTION OR	ADDRESS If rural give location)	-51 21
clearly	FOSTREET ADDRESS Easton Mem. Hosp.	0,3,4,	034-7
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
death	(Type or Print) Lorraine	which DEATH: 1 lay	20 1955
of d	BACE WIDOWED DIVORCED	9. AGE last birthday IF UNDER 1 V	Bys Hours   Min.
	F. W. (Specify): Worried. Apr.	# 4 yrs.	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?_
	even if retired): $\mu.\omega$ .	14. MOTHER'S MAIDEN NAME:	u.s.
write the	TO Bate	2 .	
ite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no or unk.) (If Yes, give war or dates of service)	W. Howard Turner. S.	1 1119
please	18. MEDICAL CERTIFICAT		
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
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Physicians	IMMEDIATE CAUSE  (A)  DUE TO		
sici	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)		
hy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
por	DISEASE OR CONDITION CAUSING DEATH.		
im	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	Contraction   Co		
cial	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. or contributing Cause of Death Of Injury street, office bldg., etc. injury occur?  21b. PLACE (Home, farm, factory. 21c. Where DID (City or town) (Count injury occur) (Injury occur)  21c. This was underlying 21b. PLACE (Home, farm, factory. 21c. Where DID (City or town) (Count injury occur)  21c. This was underlying 21b. PLACE (Home, farm, factory. 21c. Where DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (Count injury occur)  21d. ACCIDENT WAS UNDERLYING DID (City or town) (City or			
	22. I hereby to lifty that I attended the deceased from		
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age			
ct	allye on, 19 , and that death occurred at	ADDRESS DAT	E SIGNED
correct		I.D. Certon 13	11/2/1955
00	23 BURIAL CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
	5 23 1985 Aller	it constant today to	ing.

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE

VS. A15

2361 40 YAM

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### CERTIFICATE OF DEATH

Reg. Dist. No. 291

05964

× .	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legib	COUNTY Talbot MARYLAND	STATE M.D. COUNTY Talbot
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)	OR TOWN Pare O O - B
	A Rogar Care all rige	Troyal Gar
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
		(Last)   4. DATE (Month) (Day) (Year)
death	DECEASED: Mennie May Will	Cliams DEATH: May 5 1955
de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED/   8. DATE	
IO	RACE: WIDOWED, DIVORCED, (Specify) 4 CO.	Months Days Hours   Min.
	final muce partied her.	4, 1888 yrs. 5
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11/BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
Cal	even if retired): Howethere Home	Trough Calo Md 7115 A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
t t	4 001 +	8'07
ite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
W	(Yes, no, or unk.) (If Yes, give war or dates	a - 1: 10:
9	of service)	6. 1. Williams, Hoyal Cak.
eas	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
pi	ONSET AND DEATH	
	422.1	ITH a sharing lodge
ns.	IMMEDIATE CAUSE (A)	1 change 1000g
hysicians:	ANTECEDENT CAUSE (S)	0 + 1.
ysı	DISEASES OR CONDITIONS, IF ANY. (B) alered	deratie cardio voyaland.
Ph	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE	- V Del de Tina Jeans II
odi	19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION	y many control of the second
in	TISK. BATE OF OFERATION.	20. AUTOPST7
>		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While While at work at work	
0/3		0 4 10 52, 5 - 6 10 6 11 17 1
age	22. I hereby certify that I attended the deceased from 1.2.	to , that I last saw the deceased
		24. M, from the causes and on the date stated above.
ect	SIGNATURE	ADDRESS DATE SIGNED
correct	I fully recent	.o. Amuhalle md 5-6-55
00		ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY) May 7 1953 Spring	Well-Comotony Constan Md
	DATE REC'D BY LOCAL   REGISTRAB'S SIGNATURE	2AT FUNERAL DIRECTOR ADDRESS
	OPECICIDAR	(10:01-100)

2361 OI YAM